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TRANSMITTAL FORM

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JUN 16 2009 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/587,788
	Confirmation Number	
	Filing Date	with an effective filing date of January 19, 2005
	First Named Inventor	Stephan SCHARFENBERG
	Group Art Unit	3655
	Examiner Name	Derek Douglas KNIGHT Fax: (571) 273-8300

Total No. of Pages in this Submission: **11**

Attorney Docket Number **ZAHFRI P870US**

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in Duplicate) □ <input type="checkbox"/> Fee attached - Check \$ □ <input checked="" type="checkbox"/> Response [8] ■ <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) □ <input type="checkbox"/> Express Abandonment Request □ <input type="checkbox"/> Information Disclosure Stmt □ <input type="checkbox"/> Certified Copy of Priority Document(s) □ <input type="checkbox"/> Response to Missing Part/s Incomplete Application □ <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) □ <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) [1] Replacement Sheet(s) [1] ■ <input type="checkbox"/> Licensing-related Papers □ <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) □ <input type="checkbox"/> To Convert a Provisional Petition □ <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address □ <input type="checkbox"/> Terminal Disclaimer □ <input type="checkbox"/> Small Entity Statement □ <input type="checkbox"/> Request for Refund □	<input type="checkbox"/> After Allowance Communication to Group □ <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences □ <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ <input type="checkbox"/> Proprietary Information □ <input type="checkbox"/> Status Letter □ <input type="checkbox"/> Additional Enclosure(s) (please identify below): □
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018
Signature		
Date	June 11, 2009	

CUSTOMER NO. 020210

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 11, 2009.

Signature		Date: June 11, 2009 (amp)
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